P18000019976

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000066135 3)))

H18000066135ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
18 FEB 27 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
2018 FEB 27 PM 4:00
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
SCV GROUP, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

Electronic Filing Menu Corporate Filing Menu Help

N. SAMS
FEB 28 2018

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: SCV GROUP, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7620 NW 25TH ST. - UNIT 1

MIAMI, FL. 33122-1718

Mailing address, if different is:

7620 NW 25TH ST. - UNIT 1

MIAMI, FL. 33122-1718

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GENERAL EDUCATION SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1,000 AT $1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FEDERICO IGNACIO SILVA, PRES.

Address: 7620 NW 25 ST. - UNIT 1

MIAMI, FL. 33122-1718

Name and Title:

Address:

Name and Title: GABRIEL ESTEBAN FRANCIOSI, V.P.

Address: 7620 NW 25 ST. - UNIT 1

MIAMI, FL. 33122-1718

Name and Title:

Address:

Name and Title: FERNANDO JOSE ORTIZ, SEC/TREAS.

Address: 7620 NW 25 ST. - UNIT 1

MIAMI, FL. 33122-1718

Name and Title:

Address:

FILED

18 FEB 27 PM 4:52

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CABANAS & ASSOCIATES, P.A.

Address: 10520 NW 26TH ST. - STE. C 201

DORAL, FL. 33172

FILED
18 FEB 27 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSEPH F. CABANAS

Address: 10520 NW 26TH ST. - STE. C 201

DORAL, FL. 33172

ARTICLE VIII. EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

_____ FEBRUARY 27, 2018

Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

_____ FEBRUARY 27, 2018

Required Signature/Incorporator Date